

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Nora Cruz Molina  
Participant's Address: P.O. Box 2795 Arecibo P.R. 00613-2795  
Participant's Email Address: nora.cruz.molina@gmail.com  
Name of Counsel: Nora Cruz Molina  
Address of Counsel: P.O. Box 2795 Arecibo P.R. 00613-2795  
Email Address of Counsel: nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: \_\_\_\_\_

Nature of Claim: \_\_\_\_\_

By: [Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel  
Title (if Participant is not an individual)

5/ agosto 2021  
Date

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
2021 AUG 17 PM 6:40

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUNSEL.

PR 1845 SRF 55176 PackID: 177839 MMLID: 117156-P SVC: MML-PC  
CRUZ MOLINA, NORA  
PO BOX 2795  
ARECIBO PR 00613

00613#2795 B014



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Francisco Jimenez Alvarez

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795, Arcebo P.R. 00613-2795

Email Address of Counsel:

nora-cruz-molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

8-9-2021

Date

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New York, NY 10163-4850

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**LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT/ GENERAL COUNSEL.**

PR 1845 SRF 55176 PACKID: 68618 MMLID: 178135-NP SVC: MML-PC  
JIMENEZ ALVAREZ, FRANCISCO J  
NORA CRUZ MOLINA  
DESPACHO LEGAL LCDA. NORA CRUZ MOLINA  
P.O. BOX 2795  
ARECIBO PR 00613-2795

0061382795 B014





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Orman R. martinez martinez  
Participant's Address: P.O. Box 1275 Trujillo Alto P.R. 00613-2795  
Participant's Email Address: \_\_\_\_\_  
Name of Counsel: Nora Cruz molina  
Address of Counsel: P.O. Box 2795 Arcibo, P.R. 00613-2795  
Email Address of Counsel: nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 24833  
Nature of Claim: \_\_\_\_\_  
By: [Signature]  
Signature  
Nora Cruz molina  
Print Name  
Counsel  
Title (if Participant is not an individual)  
8-9-2021  
Date

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

2021 AUG 17 PM 6:38

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Ottoman R. Martinez Martinez

Participant's Address:

P.O. Box 1275, Trujillo C.A.H.O P.R. 00977

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795, Arecibo, P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel  
Title (if Participant is not an individual)

8-9-2021  
Date

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RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

21 AUG 17 PM 6:40

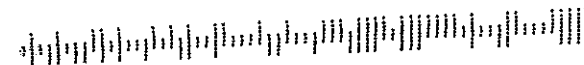
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**LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT/GENERAL COUNSEL.**

PR 1845 SRF 55176 PACKID: 191123 MMLID: 1500725-NP SVC: MML-PC  
MARTINEZ MARTINEZ, OTTMAN R.  
NORA CRUZ MOLINA  
ATTORNEY  
DESPACHO LEGAL LCDA.  
P.O. BOX 2795  
RECIBO PR 00613-2795

006132795 E014



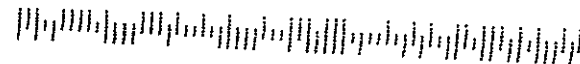
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Grand Central Station  
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New York, NY 10163-4850

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**LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT/GENERAL COUNSEL.**

PR 1845 SRF 55176 PACKID: 191127 MMLID: 1420481-P SVC: MML-PC  
MARTÍNEZ MARTÍNEZ, OTTMAN R.  
NORA CRUZ MOLINA  
PO BOX 2795  
ARECIBO PR 00613-2795

00613-2795 B014





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Altman Martinez Martinez

Participant's Address:

Participant's Email Address: P.O. Box 1275, Trujillo Alto, PR 00977

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel

Title (if Participant is not an individual)

8-9-2021

Date

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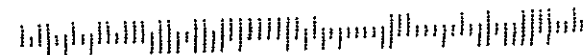
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**LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT/GENERAL COUNSEL.**

PR 1845 SRF 55176 PACKID: 191125 MMLID: 310253-P SVC: MML-PC  
MARTINEZ MARTINEZ, OTTMAN R.  
LCDA. NORA CRUZ MOLINA  
PO BOX 2795  
ARECIBO PR 00613-2795

00613-2795 B014



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Livette Roman Roman

Participant's Address:

HC 6 Box 61608, Camuy P.R. 00627

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795, P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

153720

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel

Title (if Participant is not an individual)

Sept-2021

Date

2021 AUG 17 PM 6:37

CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Irene Rose Romain Romain

Participant's Address:

Hc 6 Box 61208, Camuy P.R. 00627

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo, P.R. 00613-2795

Email Address of Counsel:

noracruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

5-Agosto-2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Yadira Ramos Cruz

Participant's Address:

Hc 02 Buxi 5727 Lares, PR 00449

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

94107

Nature of Claim:

Discrimen por raza y sexo, Represalias

By:

Signature

Print Name

Title (if Participant is not an individual)

Date

Nora Cruz

Counsel

2- Agosto -2021

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Yadira Ramos Cruz  
Participant's Address: 4002 Buxton 5727 Laredo PR. 00619  
Participant's Email Address: \_\_\_\_\_  
Name of Counsel: Nora Cruz Molina  
Address of Counsel: P.O. Box 2795 Arecibo, P.R. 00613-2795  
Email Address of Counsel: nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: \_\_\_\_\_

Nature of Claim: \_\_\_\_\_

By: \_\_\_\_\_

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

2-Agosto-2021

Date

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YADIRA RAMOS CRUZ  
LCDA. NORA CRUZ MOLINA  
545 AVE JOSI DE CEDEQO  
ARECIBO PR 00612

0061283924 0009



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Yadira Ramos Cruz

Participant's Address:

Curb. Palmas del Sol Calle 7 Casa I-S P.R. 00913

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo P.R. 00913-2795

Email Address of Counsel:

nora-cruz-molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Discrimen por razon de sexo, Represalias

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

2-Augoto-2021

Date

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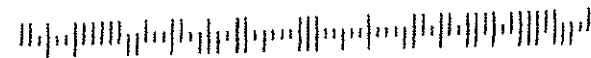
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New York, NY 10163-4850

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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUNSEL.

PR 1845 SRF 55176 PackID: 88490 MMLID: 594807-NP SVC: MML-PC  
Ramos Cruz, Yadira  
Attn: Lcda. Nora Cruz Molina  
P.O. Box 2795  
Arecibo PR 00613-2795

006132795 8014



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Neyda Rivera Trejo AND

Participant's Address:

HCB BOX 3751 Florida, P.R. 00650

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo, P.R. 00613 2795

Email Address of Counsel:

nora-cruz-molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

2- Agosto-2021

Date

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
2021 AUG 17 PM 6:39

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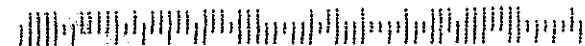
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Grand Central Station  
PO Box 4850  
New York, NY 10163-4850

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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUNSEL.

PR 1845 SRF 55176 PackID: 117033 MMLID: 1421381-P SVC: MML-PC  
RIVERA FELICIANO, NEYDA  
NORA CRUZ MOLINA  
545 AVE JOSI DE CEDEQO  
ARECIBO PR 00612

005123324 0009





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Neyda Rivera Teuciano

Participant's Address:

HC 03 Box 3751 Honda, P.R. 00650

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo, PR 00613-2795

Email Address of Counsel:

nora.cruz-molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

2-agosto-2021

Date

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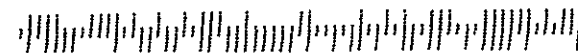
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New York, NY 10163-4850

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**LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT/ GENERAL COUNSEL.**

PR 1845 SRF 55176 PACKID: 264896 MMLID: 361121-P SVC: MML-PC  
NEYDA RIVERA FELICIANO  
LCDA. NORA CRUZ MOLINA  
545 AVE JOSÉ DE CEDAÑO  
ARECIBO PR 00612

0061283924 0009



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Neyla Rivera Feliciano

Participant's Address:

Hc03 Box 3756 Florida, P.R. 00650

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795, Arceibo, P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Nora

Print Name

Counsel

Title (if Participant is not an individual)

5-Agosto-2021

Date

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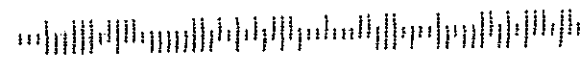
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PO Box 4850  
New York, NY 10163-4850

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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUNSEL.

PR 1845 SRF 55176 PackID: 117034 MMLID: 1508371-P SVC: MML-PC  
RIVERA FELICIANO, NEYDA  
PO BOX 2795  
ARECIBO PR 00613-2795

006132795 BC14





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Jose Julian Orama Ramo

Participant's Address:

P.O. Box 2282 Arecibo P.R. 00613

Participant's Email Address:

josejulian1143@gmail.com

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2745 Arecibo P.R. 00613-2745

Email Address of Counsel:

nora-cruz-molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

242666

Nature of Claim:

By:

  
Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

21 Agosto / 2021

Date

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

José J. Orama Ramos

Participant's Address:

P.O. Box 2282 Arcebo P.R. 00613

Participant's Email Address:

josejoram11123@gmail.com

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo, P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

  
Signature

Nora Cruz Molina  
Print Name

Counsel  
Title (if Participant is not an individual)

30/7/2021  
Date

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SAN JUAN, P.R.  
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**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

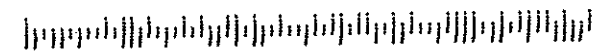
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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUNSEL.

PR 1845 SRF 55176 PackID: 14677 MMLID: 845703-NP SVC: MML-PC  
ORAMA RAMOS, JOSE J  
NORA CRUZ MOLINA  
ATTORNEY  
DESPACHO LEGAL LCDA. NORA CRUZ MOLINA  
P.O. BOX 2795  
ARECIBO PR 00613-2795

006132795 EC14



10 + 584 - 4004

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any.

Participant's Name:

Jose J. Trama Ramos

Participant's Address:

P.O. Box 2202, Arcebo P.R. 00613

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo, P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

24302

Nature of Claim:

By:

[Signature]

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

5/ Agosto /2021

Date

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.  
2021 AUG 17 PM 6:36

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Jose m Rivera Nieves

Participant's Address:

Calle Maria Nieves, Edificio 1 Apto 554

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arceibo, PR. 606132795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

15916B

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

5-Agosto-2021

Date

RECEIVED AUG 18 2021  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
2021 AUG 17 PM 6:37

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Jose M. Rivera Nieves

Participant's Address: Rancho Marín Solís, Edificio 1 Apto 554

Participant's Email Address: \_\_\_\_\_

Name of Counsel: Nora Cruz Molina

Address of Counsel: P.O. Box 2795, Arrecibo, P.R. 00613-2795

Email Address of Counsel: nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 159168

Nature of Claim: \_\_\_\_\_

By: [Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel  
Title (if Participant is not an individual)

5-Agosto-2021  
Date

RECEIVED AUG 18 2021  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Guillermo Gonzalez Torres

Participant's Address:

Barrabada, Polvorin Cotto Sur #151 naranati, PR. 00674

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo PR. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

160179

Nature of Claim:

Employees Retirement System of the Government

By:

[Signature]  
Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

8-9-2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

RECEIVED AND FILED  
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U.S. DISTRICT COURT  
SAN JUAN, PR

2021 AUG 17 PM 6:37



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Vidal Santiago Rosario

Participant's Address:

Hc3 Box 3735 Florida, P.R. 00650

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

107279

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

5/Agosto 2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Participant's Name:

Vidal Santiago Rosario

Participant's Address:

Hc 3 Box 3735 Florida, P.R. 00650

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo, P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

122033

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

2-Agosto-2021

Date

2021 AUG 17 PM 6:37  
RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
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1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Vidal Santiago Rosario

Participant's Address:

HCB Box 3735 Florida, P.R. 00650

Participant's Email Address:

Name of Counsel:

Noa Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo P.R. 00613-2795

Email Address of Counsel:

noa.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

159710

Nature of Claim:

By:

Signature

Noa Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

2- Agosto-2021

Date

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

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1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Vidal Santiago Rosario

Participant's Address:

H-C3 Box 3735 Florida, P.R. 00650

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

159156

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

2 Aug 2021

Date

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Pedro Quiles López

Participant's Address:

Institución Guerrero 304 P.O. Box 3449 Aguadilla PR 00606  
Module 4B2

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo PR 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

1591624

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

2-Agosto-2021

Date

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U.S. DISTRICT COURT  
SAN JUAN, PR  
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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Pedro Quiles Lopez

Participant's Address:

Institucion Guerrero 304 PO Box 3999 Aguadilla PR. 00605  
Modulo UBR

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

150262

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

2-Agosto-2021

Date

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Pedro Quiles Lopez

Participant's Address:

Institucion Glenner 304 P.O. Box 3444 Aguadilla P.R. 00605 Modulo U-B2

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

2-Agosto-2021

Date

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Quiles Lopez, Pedro A.  
LCDA. Nora Cruz  
PO Box 2795  
Arecibo PR 00613-2795

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

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1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Pedro Quiles Lopez

Participant's Address:

Institucion Guerrero 304 P.O. Box 3449 Aguadilla P.R. 00605 Module 6-B2

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo P.R. 00613-2795

Email Address of Counsel:

nora-cruz-molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel  
Title (if Participant is not an individual)

2-Agosto-2021  
Date

2021 AUG 17 PM 6:39

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

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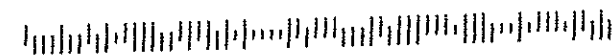
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New York, NY 10163-4850

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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUNSEL.

PR 1845 SRF 55176 PackID: 73139 MMLID: 1930968-NP SVC: MML-PC  
Quiles Lopez, Pedro A.  
Attn: Nora Cruz Molina, ESQ  
PO Box 2795  
Arecibo PR 00613-2795

006132795 B014





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Pedro Quiles Lopez

Participant's Address:

Institución Guerrero 304 P.O. Box 3999 Aguadilla, P.R. 00605  
Módulo U-02

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo, P.R. 00613-2795

Email Address of Counsel:

nora-cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

1591604

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

2-Aug-2021

Date

RECEIVED AUG 17 PM 6:31  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Jorge L. Vargas Rodriguez

Participant's Address:

Urb. Medina E-1 Calle de Isabela P.R. 00662

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

159139

Nature of Claim:

By:

[Signature]

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

8-9-2021

Date

2021 AUG 17 PM 6:38

CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Jorge L. Vargas Rodriguez  
Participant's Address: Urb. Medina E-4 Calle 4 Isabela, P.R. 00642  
Participant's Email Address: \_\_\_\_\_  
Name of Counsel: Nora Cruz Molina  
Address of Counsel: P.O. Box 2795 Arcebo, PR. 00613-2795  
Email Address of Counsel: nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 159733

Nature of Claim: \_\_\_\_\_

By: [Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel  
Title (if Participant is not an individual)

8-9-2021  
Date

2021 AUG 17 PM 6:39  
U.S. DISTRICT COURT  
SAN JUAN, PR

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Jorge L. Vargas Rodriguez

Participant's Address:

Urb. Medina Esq. Calle 4 Isabela P.R. 00642

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Crecibo, P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel  
Title (if Participant is not an individual)

8-9-2021  
Date

RECEIVED AND FILED  
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U.S. DISTRICT COURT  
SAN JUAN, PR  
2021 AUG 17 PM 6:36

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Yolanda Taffarelli Rodriguez

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcaibo P.R. 00613-2795

Email Address of Counsel:

nora-cruz-molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

73155

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel  
Title (if Participant is not an individual)

8-9-2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

RECEIVED AND FILED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
2021 AUG 17 PM 6:36

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Edwin Osiri Maldonado

Participant's Address:

No 1 Box 2414 Bayamo P.R. 00614

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo, P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

8-5-2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

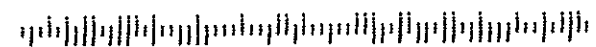
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NORA CRUZ MOLINA  
PO BOX 2795  
ARECIBO PR 00613-2795

006132795 5014





Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Edwin Colon Maldonado

Participant's Address:

H-1 Box 24141 Bayadero P.R. 00616

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Dhecho, P.R. 00613-2795

Email Address of Counsel:

nora.cruz-molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

84410

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

8-5-2021

Date

2021 AUG 17 PM 6:38  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Edwin Qui Maldonado

Participant's Address:

Hc-1 Box 2414 Jayadero P.R. 00614

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo, P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

83043

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel  
Title (if Participant is not an individual)

5/Ago/2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

César Jiménez Maldonado

Participant's Address:

P.O. Box 4104 Sabana Hoyas, P.R. 00688

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo, P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

159107

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

8-9-2021

Date

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Cario D. Vázquez Cruz  
Participant's Address: Hc-03 Box 12155 Bo-yeguada Camuy, P.R. 00627  
Participant's Email Address: \_\_\_\_\_  
Name of Counsel: Nora Cruz Molina  
Address of Counsel: P.O. Box 2795 HECUBO P.R. 00613-2795  
Email Address of Counsel: nora-cruz-molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 151374

Nature of Claim: \_\_\_\_\_

By: [Signature]

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

8-9-2021

Date

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Juan Rodriguez Pérez

Participant's Address:

P.O. Box 793 Sabana Hoyos P.R. 00688

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Hecubo P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

86835

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

8-19/2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

2021 AUG 17 PM 6:38  
U.S. DISTRICT COURT  
SAN JUAN, PR



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Eoteban Carabelana Ponce

Participant's Address:

P.O. Box 717 Hatillo, P.R. 00959 - 0717

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

117146

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel  
Title (if Participant is not an individual)

8-9-2021  
Date

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CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
AUG 17 PM 6:38

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Vickie (Agila) Geiring  
Participant's Address: P.O. Box 2 Garochales, P.R. 00652  
Participant's Email Address: \_\_\_\_\_  
Name of Counsel: Nora Cruz Molina  
Address of Counsel: P.O. Box 2795, Arecibo, P.R. 00613-2795  
Email Address of Counsel: nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 83123

Nature of Claim: \_\_\_\_\_

By: [Signature]

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

5/ Agosto/2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Vickie Aquila Gerring

Participant's Address:

P.O. Box 2 Camochales, P.R. 00652

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Caguas P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

70430

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

5/ August/2021

Date

RECEIVED  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR  
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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Ángel Burgos Jones

Participant's Address:

HCO2 Box 7130 Orocois P.R. 00720

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo P.R. 00613-2795

Email Address of Counsel:

nora-cruz-molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

152802

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel  
Title (if Participant is not an individual)

8-9-2021  
Date

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: William Marrero Ramirez  
Participant's Address: Hc 02 Box 4087, Florida P.R. 00650  
Participant's Email Address: \_\_\_\_\_  
Name of Counsel: Nora Cruz Molina  
Address of Counsel: P.O. Box 2795 Arecibo P.R. 00613-2795  
Email Address of Counsel: nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 137 247  
Nature of Claim: \_\_\_\_\_  
By: [Signature]  
Signature  
Nora Cruz Molina  
Print Name  
Counsel  
Title (if Participant is not an individual)  
0-9-2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Leda. Nora Cruz Molina  
P.O. Box 2795  
Arecibo, P.R. 00613-2795



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